PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUL rEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 22242 7590 12/30/2010 FITCH EVEN TABIN & FLANNERY 120 SOUTH LASALLE STREET SUITE 1600 CHICAGO, IL 60603-3406					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
								(Signature)	
								(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	ATTORNEY DOCKET NO.		CONFIRMATION NO.		
10/537,975 TITLE OF INVENTION	06/09/2005 N: DEVICE AND METH	OD FOR PRODUCING	Yves Jongen RADIOISOTOPES				8279.87289	6938	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	JE P	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	<u> </u>	\$0		\$1810	03/30/2011	
EXAM	EXAMINER		CLASS-SUBCLASS	\neg					
PALABRICA, RICARDO J		3663	376-157000						
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON PLEASE NOTE: Unless an assignee is identified below, no assigner recordation as set forth in 37 CFR 3.11. Completion of this form is NO (A) NAME OF ASSIGNEE			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) e data will appear on the patent. If an assignee is identified below, the document has been filed for DT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Ion Beam Please check the appropr	Belgium rinted on the patent): Individual Corporation or other private group entity Government								
			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-1135 (enclose an extra copy of this form).						
	s SMALL ENTITY statu	s. See 37 CFR 1.27.	b. Applicant is no lo	onger	claiming SMAL	L ENT	'ITY status. See 37 CF	R 1.27(g)(2).	
interest as shown by the r	records of the United Stat	es Patent and Trademark	Office.				or agent, of the	e assignee or other party in	
Authorized Signature			Date	ch 3	0, 2011				
Typed or printed name		Registration No. 30,192							
this form and/or suggesting	ons for reducing this bur irginia 22313-1450. DO	den should be sent to the	depending upon the inc	dividu	ial case. Any con	mments	on the amount of time	by the USPTO to process) g gathering, preparing, and the you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450,	

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.